

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

A. Facility:

I. FACILITY INFORMATION

Name: Elk Hills Power, LLC			
Address: P. O. Box 1001			
City: Tupman	County: Kern	State: CA	Zip Code: 93276
Contact Person: Mr. Dennis Champion		Telephone Number: (661) 763-6000	

B. Facility Owner:

Name: Elk Hills Power, LLC			Owner Type (Check One)	
Address: P. O. Box 1001			1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City: Tupman	State: CA	Zip Code: 93276	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
Contact Person: Mr. Dennis Champion			5. <input checked="" type="checkbox"/> Other: Limited liability corp.	
			Telephone Number: (661) 763-6000	Federal Tax ID:

C. Facility Operator (The agency or business, not the person):

Name: Elk Hills Power, LLC			Operator Type (Check One)	
Address: P. O. Box 1001			1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation	
City: Tupman	State: CA	Zip Code: 93276	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
Contact Person: Mr. Dennis Champion			5. <input checked="" type="checkbox"/> Other: Limited liability corp.	
			Telephone Number: (661) 763-6000	

D. Owner of the Land:

Name: Occidental of Elk Hills, Inc.; Chevron USA, Inc.			Owner Type (Check One)	
Address: P. O. Box 1001; P. O. Box 1392			1. <input type="checkbox"/> Individual 2. <input checked="" type="checkbox"/> Corporation	
City: Tupman; Bakersfield	State: CA	Zip Code: 93276; 93302	3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency	
Contact Person: Mr. Dennis Champion			5. <input type="checkbox"/> Other:	
			Telephone Number: (661) 763-6000	

E. Address Where Legal Notice May Be Served:

Address: P. O. Box 1001			
City: Tupman	State: CA	Zip Code: 93276	
Contact Person: Mr. Dennis Champion		Telephone Number: (661) 763-6000	

F. Billing Address:

Address: P. O. Box 1001			
City: Tupman	State: CA	Zip Code: 93276	
Contact Person: Mr. Dennis Champion		Telephone Number: (661) 763-6000	

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II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ A. WASTE DISCHARGE TO LAND

☐ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input checked="" type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input checked="" type="checkbox"/> Storm Water |
| <input type="checkbox"/> Other, please describe: <u>Demineralizer waste</u> | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s)
Facility: 298-170-01
Discharge Point:

2. Latitude
Facility: 15-18G: 35.23045
Discharge Point: 35-18G: 35.22989

3. Longitude
Facility: 15-18G: -119.44621
Discharge Point: 35-18G: -119.44285

IV. REASON FOR FILING

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Discharge or Facility | <input type="checkbox"/> Changes in Ownership/Operator (see instructions) |
| <input type="checkbox"/> Change in Design or Operation | <input type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance |
| <input type="checkbox"/> Change in Quantity/Type of Discharge | <input type="checkbox"/> Other: _____ |

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: California Energy Commission

Has a public agency determined that the proposed project is exempt from CEQA? ☐ Yes ☒ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

Has a "Notice of Determination" been filed under CEQA? ☐ Yes ☒ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☒ EIR ☐ Negative Declaration

Expected CEQA Completion Date: June 2000

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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

See attached document: Information Needs for Class V Injection Wells, Elk Hills Power Plant, Elk Hills Power, LLC, Elk Hills Oil and Gas Field, Kern County, California, dated September 21, 1999.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: Donald E. RomineTitle: Vice PresidentSignature: Donald E. RomineDate: October 27, 1999

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
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